

6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1137

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the building division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Bull Dog Computers, Inc
BUSINESS STREET ADDRESS: 4301 SW 102nd AVE DAVIE, FL ZIP 33328
BUSINESS MAILING ADDRESS: PO Box 551747 FT. Lauderdale, FL ZIP 33355
BUSINESS PHONE: 954-474-8337

DESCRIBE TYPE OF BUSINESS: Computer Consultant

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
<u>MARK CASACCI</u>	<u>4301 SW 102nd AVE</u>	<u>DAVIE, FL</u>	<u>954-423-2511</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 1999, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

MARK CASACCI President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

OFFICE USE ONLY: Date <u>3/31/99</u>		Category <u>05601</u>	Fee <u>42-</u>
License # <u>99-12165</u>	Control # <u>10564</u>	Zoning <u>B-1</u> (Royal Palm Estates)	
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Zoning Approval <input type="checkbox"/>	Date _____
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
TOWN CLERK APPROVAL _____			

8/97

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION